

**Cape May County
Department of Transportation
Certification Application
(For persons over 60 only)**

Name: _____

Address: _____

If you have a rural delivery (RFD#) of Post Office Box, please
briefly describe how to locate your residence:

Telephone #: (_____)_____

Date of Birth: _____

Social Security: _____

Emergency Contact: _____

Telephone #: (_____)_____

Disabilities (if any) : _____

Applicants Signature: _____

Please return this application to:

**Cape May County
Department of Transportation
4 Moore Road
Cape May County, NJ 08210-1601**